
RECEIPT

Receipt No: _____

Date: _____

Payment Method: _____

CUSTOMER INFORMATION

SERVICE LOCATION (IF DIFFERENT)

DESCRIPTION OF CLEANING SERVICES	QTY / HOURS	RATE	AMOUNT
----------------------------------	-------------	------	--------

NOTES / SPECIAL INSTRUCTIONS

Subtotal: _____

Tax: _____

Total Paid: _____

AUTHORIZED SIGNATURE

CUSTOMER SIGNATURE

Thank you for your business!